Radiology Trends
Medical Billing and Management Services
Not just billing….a business partner

Beware of Cigna’s Informed Choice Program
Cigna, through its pre-authorization partner, MedSolutions, Inc., has begun an Informed Choice program. The question becomes, whose choice?
When a patient calls to pre-authorize a CT, MRI or PET scan they may be contacted by phone by a MedSolution representative. The representative tells the patient they want them to cancel their appointment and refers them to a US imaging center that “will save them money”. This is upsetting patients, referring doctors and radiologists alike. This is Cigna’s effort to pay 60-70% below the negotiated MedSolutions rates. Based on RBMA Practice Management forum posts, this is happening across the country.
When some practices tried to contact Cigna about their Informed Choice program, Cigna used it as an opportunity to try to renegotiate their contract. There is no mention of quality, only cost.
Information goes both ways. Inform your Cigna patients of what their insurance company is trying to do and prepare them for the MedSolutions phone call. Discuss quality issues such as accreditation, turn around time, etc.

Stage Two of Meaningful Use to Address Imaging
Stage One of the Meaningful Use initiative left many of us scratching our heads and wondering where radiology fits in. The proposed rules for Stage Two clearly address imaging and will include it as one of five menu objectives, three of which must be met to qualify. There will also be seventeen core objectives. Stage Two is expected to be implemented in 2014 with the final Stage Two rules ready by this summer. Imaging is also proposed in the 2014 EHR certification requirements.

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cause the radiology group has a contract with the hospital to read all films performed. I suggest to you that there is no real medical necessity or value in reading these films “after the fact”, and this practice may end up costing you. Often times the surgical code billed will include all fluoro or spot films necessary to complete the procedure. The radiologist may be viewed as unbundling or double billing in this scenario by an auditor.

The other issue with billing for these “after the fact” films is liability. If there is a malpractice case associated with the surgical care, the radiologist who read the films will most likely be named in the suit. Do you really want to take on the liability for something for which you will probably not be paid?

This issue may need to be addressed with your hospital and/or surgeons. Remember that medical necessity is the litmus test.

ICD-10 has added another level of specificity to spondylosis and disc displacement coding. With ICD-9 it was only necessary to indicate whether or not myelopathy was involved. With ICD-10 coders will now need to code for radiculopathy as well.

M47.26—Other spondylosis with radiculopathy, lumbar region

Additional categories of osteoarthritis have also been added for the hip. Osteoarthritis resulting from hip dysplasia and post-traumatic osteoarthritis of the hip have been added to primary and secondary osteoarthritis.

M16.51—Unilateral post-traumatic osteoarthritis, right hip

New post-traumatic osteoarthritis codes are also coming for knees.

M17.2—Bilateral post-traumatic osteoarthritis of knee

Did you know that every time a CMS-1500 form is submitted you are attesting that the services provided were medically necessary for the diagnosis and treatment of the patient? It is all in the “fine print” on the back of the form. This brings me to the topic of fluoro or spot films done in the OR then sent to radiology to be read. For instances, I sometimes see interpretations that just state, “an epidural needle was seen at a given level.” These types of studies are often read “after the fact” either to clear the PACS queue or because the radiology group has a contract with the hospital to read all films performed. I suggest to you that there is no real medical necessity or value in reading these films “after the fact”, and this practice may end up costing you.

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Visit us at the RBMA Northeast Chapter Meeting April 13th